



State of New Hampshire  
Department of Environmental Services  
Asbestos Management and Control Program  
**Application for License as Asbestos Abatement Entity**



**Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.**

**I. APPLICANT:**

Name of Firm: \_\_\_\_\_

Business Location: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

**II. APPLICATION INFORMATION:**

a). New Application \_\_\_\_\_ Renewal\* Application \_\_\_\_\_

\*If Renewal application, attach copy of current license.

b). The Applicant is (check one)

\_\_\_\_\_ An Individual/Sole Proprietorship

\_\_\_\_\_ A Corporation

\_\_\_\_\_ A Partnership

\_\_\_\_\_ An Unincorporated Association

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

c). Has the firm seeking licensing ever previously applied for an asbestos-related certificate in the state of New Hampshire? Yes \_\_\_\_\_ No \_\_\_\_\_

d). If foreign corporation, enter name under which filing was made with the NH Secretary of State.

\_\_\_\_\_

- e). List all names, acronyms, or other identifiers by which the applicant is or has been known or under which the applicant does or has done business.

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- f). Does the applicant hold any certificates or official permits for asbestos abatement in other state?

\_\_\_\_\_ If YES, please list the states and license numbers.

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### **III. RESPONSIBLE PERSONS:**

- a.) List the names and legal addresses of responsible person(s), including all management persons having primary responsibility for and control over the asbestos work of the applicant.

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- b). Documentation of attendance and completion of an approved training course for asbestos contractors and supervisors as outlined in He-P 5008.09(b)(4) for at least one responsible person listed in IIIa above is required. Applications for Renewal shall provide documentation of attendance and completion of an approved refresher course for asbestos abatement contractors and supervisors as outlined in He-P 5008.09(d)(3) for at least one of the responsible persons listed in IIIa.

Note: Training must be current at the time of application.

<u>Name</u>	<u>Course</u>	<u>Sponsor</u>	<u>Date</u>	<u>Exam Grade</u>
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**IV. SITE SUPERVISORS:**

List any New Hampshire certified asbestos abatement site supervisors in the applicant's employ.

(Attach additional sheets if more space is needed.)

Name

Certificate #

Expiration Date

**V. ASBESTOS ABATEMENT PROJECTS:**

Attach to this application a list of asbestos abatement projects that have been/are being performed by the applicant within the last twelve months. Provide date of project, name of project owner, contact person, telephone number, and site supervisor. If the answer is none, please check here \_\_\_\_\_.

**VI. ENFORCEMENT ACTION:**

- a.) Are there any outstanding state or federal enforcement actions pending against the applicant with regard to asbestos abatement work? Yes \_\_\_\_\_ No \_\_\_\_\_
- b.) If the answer is YES, attach detailed information to this application about the enforcement action, including the name of the federal or state agency taking action.

**VII. STATEMENT OF COMPLIANCE:**

I certify, as a responsible person for \_\_\_\_\_, that I have read and understand the  
(name of company)  
New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_ Type or Print Name: \_\_\_\_\_

TITLE: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed application and/or correspondence to:**

**New Hampshire  
Dept. of Environmental Services  
Bureau of Environmental and Occupational Health  
ATTN: Asbestos Licensing / Certification  
PO Box 95 - 29 Hazen Drive  
Concord, NH 03302-0095**

**Phone: (603) 271-4609**

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED IN  
HE-P 5008.06 (b)(1):**

<b>\$1000.00</b>	<b>FOR A NEW APPLICATION, OR</b>
<b>\$ 500.00</b>	<b>FOR A RENEWAL APPLICATION.</b>

**CHECKS AND/OR MONEY ORDERS SHALL BE MADE PAYABLE TO “TREASURER, STATE OF  
NEW HAMPSHIRE”.**